

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 56

CERTIFICATE OF DEATH

Reg. Dist. No. 1085577 510

1. PLACE OF DEATH:

County Calvert
 City or town Island Creek, Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Calvert
 City or town Island Creek
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Hanna M. Barnes.

3. (b) Social Security Number

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

B. (b) Name of husband or wife

David Barnes.

7. Birth date of

deceased (mo., day, yr.)

1-25-1875

6. (c) If alive, give age

74 years

8. AGE:

Years

Months

Days

If less than one day

719

hrs.

min.

9. Birthplace

Island Creek, Md.
(Town, county, and state)

10. Usual occupation

Domestic.

11. Industry or business

FATHER

12. Name

John Smith.

MOTHER

13. Birthplace

Md

14. Maiden name

Elizabeth Smith.

15. Birthplace

Md.

16. Informant

David Barnes.

Address

Island Creek, Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

11-17-46
(month) (day) (year)

Cemetery or crematory

Island Creek, Md

Location

Calvert.

18. Funeral director

P.F. Sewell

Address

Prince Frederick, Md

19.

11-17
(Date rec'd by registrar)19 46N.W. Ward
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14, 1946, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw him..... alive on..... 19.....

Immediate cause of death

Cerebral hemorrhageDue to - metastatic carcinomaDue to - Cor of heart

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury

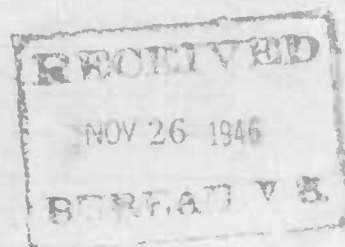
Injured at work?

23. SIGNATURE

P. de Villanova M.D.

M.D. or other

Address Prince Frederick Date signed Nov. 15/46



2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13a

CERTIFICATE OF DEATH

10856

Reg. Dist. No. 521

1. PLACE OF DEATH: Calvert Hospo.
 County.....
 City or town..... Prince Frederick Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... md County..... Calvert
 City or town..... Prince Frederick, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Appeal
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Ralep Franklin Buck.

3. (b) Social Security Number
219-12-39-52

4. Sex..... m. 5. Color or race..... C 6.(a) Single, married, widowed, or divorced..... X

6.(b) Name of husband or wife..... Fennie Buck.

7. Birth date of deceased (mo., day, yr.)..... march, 1, 1891 6.(c) If alive, give age..... 49 years

8. AGE: Years..... 56 Months..... Days..... If less than one day..... hrs. min.

9. Birthplace..... md
 (Town, county, and state)

10. Usual occupation..... Saboner.

11. Industry or business.....

12. Name..... Cyd Buck.

13. Birthplace..... md.

14. Maiden name..... Susan Jones.

15. Birthplace..... md.

16. Informant..... Jemie Buck.

Address..... Appeal Md.

17. burial..... Date thereof..... 11-18-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Eastern Chapel.

Location..... Calvert.

18. Funeral director..... P.E. Sewell.

Address..... Prince Frederick, Md.

19. Nov. 18 46..... 19..... 46.....
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Nov. 16, 19..... 46 at..... 2 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from..... 2 Aug. 19..... 46 to..... 16 Nov 19..... 46
 and that I last saw him alive on..... 15 Nov 19..... 46

Immediate cause of death.....
coronary atherosclerosis
hypertensive cardiac vascular
renal disease.
 Due to.....

Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....
 M. D. or other

Address..... Huntington Md Date signed..... 18 Nov 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52

CERTIFICATE OF DEATH

Reg. Dist. No. 5212

1. PLACE OF DEATH:

County CalvertCity or town Parrans
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County CalvertCity or town Parrans
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Ashby Crawford

3. (b) Social Security Number

4. Sex

m.

5. Color or race

w

6. (a) Single, married, widowed, or divorced

m.

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age _____ years

1870

8. AGE:

Years

76

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Md
(Town, county, and state)

10. Usual occupation

Painter

11. Industry or business

MOTHER

12. Name

David Crawford

13. Birthplace

Md

14. Maiden name

Mary C Doney

15. Birthplace

Md

18. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Nov. 9 46
(month) (day) (year)

Cemetery or crematory

Holy Cross Cem.

Location

W. Brooklyn, Md

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

46Grace S. Hutchins

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 Nov 1946 at 2 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 June 1946 to 6 Nov 1946and that I last saw him alive on 4 Nov 1946

Immediate cause of death

myocardial infarction

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

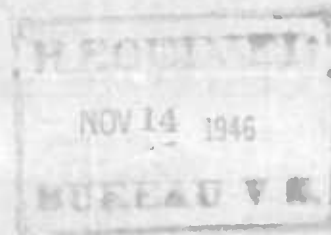
Grace S. Hutchins M. D. or other

Address

Hopkintown MD

Date signed

7 Nov 46



2-25

2 - 520

2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 510

1. PLACE OF DEATH:

County CabotCity or town Island Creek, Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County CabotCity or town Island Creek
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war. No

3. (a) FULL NAME

B. Eugene Hawkins

3. (b) Social Security Number

No

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

S

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Mar. 20, 1864

8. AGE:

Years

Months

Days

It less than one day

8283

hrs.

min.

9. Birthplace

Cabot Co., Md
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

John T. Hawkins

13. Birthplace

Md

14. Maiden name

Mary Rebecca Browne

15. Birthplace

Md

16. Informant

John T. Hawkins Jr.

Address

Island Creek, Md

17.

Burial

Date thereof

Nov. 25, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Christ Church

Location

Port Republic, Md

19. Funeral director

O. G. Haskins & Son

Address

Mtairal, Md

19.

11-25194624th Ward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 23, 1946 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ 19____ to Nov 23 1946

and that I last saw him _____ alive on _____ 19____

Immediate cause of death

Coronary Occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

J. de Villanueva M. D. or other
Address Prince Frederick Date signed Nov 23/46



1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Dist. No. 510

1. PLACE OF DEATH:

County Cabot
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Cabot
 City or town Prince Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME

T. Brooke Hardisty

3. (b) Social Security Number

No

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced W

B.(b) Name of husband or wife Kath Hardisty

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1873 6.(c) If alive, give age _____ years

8. AGE: Years 73 Months 2 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Cabot Co., Md
 (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

12. Name Thomas O. Hardisty13. Birthplace Cabot Co., Md14. Maiden name Anne Elizabeth Boyd15. Birthplace Cabot Co., Md16. Informant Boyd HardistyAddress Prince Frederick, Md17. Burial Date thereof Nov. 30, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory AshburyLocation Barstow, Md18. Funeral director A. A. Harkness & SonAddress Mutual, Md19. 11-30 19 46 H. W. Ware
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28, 19 46 at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 May 19 46 to 28 Nov 19 46
 and that I last saw him alive on 25 Nov 19 46

Immediate cause of death Cerebral aneurysm
Hypertension

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE H. W. Ware
H. W. Ware M. D. or other

Address Washington Date signed _____

RECEIVED

DEC 6 1946

BUREAU V &

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10860

Reg. Dist. No. 502

1. PLACE OF DEATH: Calvert
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ella Kent

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife George Wash Kent
 7. Birth date of deceased (mo., day, yr.) 1885 8. (c) If alive, give age 70 years

8. AGE: Years 61 Months - Days - If less than one day - hrs. - min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Steven Purroy

13. Birthplace Maryland

14. Maiden name Josephine Wilson

15. Birthplace Maryland

16. Informant Geo. Wash. Kent

Address Oliver, Md.

17. Burial Date thereof Nov. 26-1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Eastern Chapel

Location Oliver, Maryland

18. Funeral director Pinkney Sewell

Address Prince Frederick

19. 11/24 46 D. E. P. Coster
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Oliver
 (If outside city or town limits, write RURAL and give nearest town)

Street No. -
 (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 19 46, at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Angina Pectoris DURATION ?

Due to arteriosclerosis ?

Due to sudden death

Other conditions no doctor attending

(Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE E. S. Coster - med ass't
 M. D. or other ass't

Address Solomons Date signed 11/24/46

RECEIVED

DEC 3 1946

BUREAU 78

2-25

2-500- 2-10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10861522

1. PLACE OF DEATH:

County Calvert

City or town Owings
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Calvert

City or town Owings
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Sarah Elizabeth Moore

3. (b) Social Security Number

4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced X

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) march 17, 1881 6.(c) If alive, give age _____ years

8. AGE: Years 65 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace md.
(Town, county, and state)

10. Usual occupation domestic

11. Industry or business _____

12. Name John Bias

13. Birthplace md

14. Maiden name Susan Stocks

15. Birthplace md.

16. Informant Edward Moore

Address Owings, md.

17. Burial Date thereof 11-29-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Carters Chapel

Location Calvert, Friendship, AA Co

18. Funeral director P.E. Sawell

Address Prince Frederick md.

19. Nov 28 1946 Grace P. Hutchins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-28-1946 at 5:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 April 1945 to Nov 25 1946 and that I last saw her alive on Nov 25 1946

Immediate cause of death Ch. myocarditis

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE _____

M. D. or other

Address Huddingford Date signed 28 Nov 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 11 1946

BUREAU V 8

2-25

2-520 - 2-10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 570

1. PLACE OF DEATH:

County Calvert Co
 City or town Mutual
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sam. Benjamin Parran

4. Sex

M.

5. Color or race

C

6. (a) Single, married, widowed, or divorced

X

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

69

Years

Months

Days

If less than one day

hrs.

min.

8. Birthplace

md

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER
MOTHER

12. Name

Major Parran

13. Birthplace

md

14. Maiden name

?Green

15. Birthplace

md

16. Informant

Bernie Parran

Address

Prince Frederick

17.

Burial
(Burial, cremation, or removal, Which?)

Date thereof

12-4-46
(month) (day) (year)

Cemetery or crematory

Brown Chapel

Location

Calvert

18. Funeral director

P.E. Swell

Address

Prince Frederick md

19.

12-3
(Date rec'd by registrar)

19

46H.W. Ward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State

md

County

Calvert

City or town

Mutual

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

11-30

19

46 at 11:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

to

19

and that I last saw him

alive onDead when I saw him

Immediate cause of death

Cerebral emboli (?)Coronary occlusion

DURATION

Due to

Patient suddenly died

Due to

When I saw him patient was dead

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED

DEC 6 1946

BUREAU V S

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 510

1. PLACE OF DEATH:

County CalvertCity or town Mutual
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County CalvertCity or town Mutual
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Edward Rawlings

3. (b) Social Security Number

4. Sex

M

5. Color or race

N

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Hattie Rawlings

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

May-10-1881

8. AGE:

Years

Months

Days

If less than one day

65

hrs. min.

9. Birthplace MD.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name

David Rawlings

13. Birthplace

MD.

14. Maiden name

Unknown

15. Birthplace

"16. Informant Hattie Rawlings

Address

Mutual, MD.17. Burial
(Burial, cremation, or removal. Which?)

Date thereof

11-4-46
(month) (day) (year)

Cemetery or crematory

Brooks

Location

Mutual MD

18. Funeral director

P. G. Sewell

Address

Prince Frederick, MD.

19.

(Date rec'd by registrar)

11-41946

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 - 1946, at 9:40 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 28 1946 to Nov 2 1946and that I last saw him alive on Nov 2 1946

Immediate cause of death

Acidemia

Due to

Hypertension c.v.s.

Due to

Cerebral hemorrhage

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

Nov 4/46

RECEIVED
JUL 7 1946
BUREAU OF

2-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 10864 1500

1. PLACE OF DEATH:

County Cabaret
 City or town Solomons
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Cabaret
 City or town Solomons
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME

William A. Seipp

3. (b) Social Security Number

No

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Agnes M. Seipp
 8. (c) If alive, give age 75 years
 7. Birth date of deceased (mo., day, yr.) May 10, 1870
 8. AGE: Years 76 Months 5 Days 28 it less than one day
 hrs. min.

9. Birthplace Solomons
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business (Oysterman)
 12. Name Henry F. Seipp
 13. Birthplace MD
 14. Maiden name Louise Carlton
 15. Birthplace St. Mary's Co., Md

18. Informant Edgar Seipp
 Address Solomons, Md

11. Burial Date thereof Nov. 12, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory New Cathedral Cemetery
 Location Baltimore, Md.

18. Funeral director A. A. Harkness & Son
 Address Mutual, Md.

19. 11/10 46 D. E. S. Coster
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8, 1946 at 4:20 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 5, 1946 to Nov 7, 1946
 and that I last saw him alive on Nov. 7, 1946

Immediate cause of death
acute Cor. dilata.
chronic myocardi

DURATION

2 days

Due to chronic nephritis
 2 yrs

Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE E. S. Coster
 M. D. or other
 Address Solomons, Md Date signed 11/10/46

RECEIVED
NOV 15 1946
BUREAU

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-2

CERTIFICATE OF DEATH

Reg. Diat. No. 10865 80 510

1. PLACE OF DEATH:

County CalvertCity or town Huntingtown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1.5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ellen Elizabeth Stanforth4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W6. (b) Name of husband or wife Richard Stanforth

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 18718. AGE: Years 75 Months 9 Days 20 If less than one day _____ hrs. _____ min.9. Birthplace P. George's Co., Md.
(town, county, and state)10. Usual occupation Unemployed

11. Industry or business

12. Name James Cochran13. Birthplace Md.14. Maiden name Margaret Moran15. Birthplace Md.16. Informant Richard StanforthAddress Chicago, Ill.17. Burial Date thereof Dec. 2, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory All SaintsLocation Sunderland, Md.18. Funeral director P. G. Hackman & SonAddress Montreal, Md.19. 12-2 19 46 H. W. Ward
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CalvertCity or town Huntingtown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war WW

3. (b) Social Security Number

520

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 Nov 19 46, at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2 July 19 45, to 30 Nov 19 46 AMand that I last saw him alive on 29 Nov 19 46Immediate cause of death critical accident.Due to hypertensionDue to atherosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. W. Ward M. D. or otherAddress Huntingtown Md. Date signed Dec 46

RECEIVED

DEC 6 1946

BUREAU V. C.

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 962

CERTIFICATE OF DEATH

Reg. Dist. No. 522

1. PLACE OF DEATH:

County Calvert
 City or town North Beach Md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Calvert

City or town North Beach
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 103 1st St
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

THOMAS LIONEL TANSLEY

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife.

Amy B

7. Birth date of

deceased (mo., day, yr.)

Dec. 21 - 1898

6.(c) If alive, give age. years

8. AGE:

Years

Months

Days

If less than one day

52

hrs.

min.

9. Birthplace

Wash. DC

(Town, county and state)

10. Usual occupation

Capt. Army Retired

11. Industry or business

FATHER

12. Name

Arthur Tansley

13. Birthplace

England

14. Maiden name

Elizabeth Barron

15. Birthplace

Ireland

16. Informant

Amy B Tansley

Address

103-1st North Beach Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

Nov 16, 1946
(month) (day) (year)

Cemetery or crematory

Arlington Mt. Cem.

Location

The S. H. Miner Co

18. Funeral director

Address

2901-1st NW

19.

(Date rec'd by registrar)

Nov 14 46

19.

Grace S. Hutchins
Registrar

23. SIGNATURE

[Signature]
 Address Huntingtown Md M. D. or other
 Date signed 14 Nov 46

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1946 at 6:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 Nov 1946 to 13 Nov 1946
 and that I last saw him alive on 13 Nov 1946

Immediate cause of death

Carcinoma of breast

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

[Signature]
 Address Huntingtown Md M. D. or other
 Date signed 14 Nov 46

Handwritten signature

RECEIVED
NOV 26 1946
BUREAU

2-25

2-520

2-10